

# **Topic 19: *Living Arrangements of Older Adults***

## **Competencies**

- 1.** Describe demographics of older adults residing in different living arrangements.
- 2.** Identify various living arrangements and services provided that are available to older adults.
- 3.** Describe formal home care options and how these can meet the various and continuing care needs of older adults.
- 4.** Describe specific eligibility criteria and care services provided with each living arrangement.
- 5.** Identify key elements associated with change in living arrangements for an older adult.



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## **Content Outline**

### **1. Describe demographics of older adults residing in different living arrangements.**

- *Functionality* is a key element in determining an older adult's living arrangements and the services needed. Other than the person who is disabled in at least two activities of daily living (ADLs) and who may or may not be cognitively compromised, there is a staggering and often confusing range of living alternatives for an older adult. Care planning for the older adult, acting alone or with family assistance, must be cognizant of the potential for unscrupulous operators of purported senior housing options.
- An estimated 70% of older adults live in privately owned single-family housing.
- 67% of non-institutionalized older adults live in a family setting.
- 22% of U.S. households are headed by people 65 years and older.
- Minority adults and women are more likely to live with relatives other than a spouse.
- 49% of older women are widowed and live outside of a family setting.
- An estimated 300,000 older adults reside in board-and-care or assisted living residences, most of which are for-profit operations. A growing number of states allow Medicaid reimbursement for some portion of the assisted living costs.
- Nearly two-thirds of all residents in such facilities are over age 65 and are female; fully a quarter are age 85 or over. Approximately 350,000 older adults reside in "life care" or continuing care retirement communities (CCRC).



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- Slightly less than 5% (approximately 1.5 million) of people over the age of 65, are in nursing homes. Of those 85 years of age and older, 25% to 30% are in nursing homes.
- Universally, most older adults prefer to receive assistance and health care in their home or some kind of home like environment rather than a nursing home.
- Older adults move to alternative living arrangements for a variety of reasons, including: safety concerns because the neighborhood has deteriorated; to be near their children; because their home is too large or too costly to maintain or because they need cash assets that are tied up in home ownership; because their home does not meet their needs, physical or otherwise (e.g., to avoid stairs); because they do not drive and available transportation is inadequate; and because they are retired and want a new lifestyle.

### **2. Identify various living arrangements and services provided that are available to older adults.**

- *Own Domicile:* With home- or community-based support (see discussion of home care that follows).
- *Independent Housing:* Apartments are designed to enable the older adult to live independently. While there is generally a housing manager on site, there may be a nurse on site only for short periods. Congregate meals and some recreational activities are generally provided.
- *Enriched Housing:* A specific kind of adult care facility that provides independent housing with light housekeeping and laundry service and congregate meals; each resident sees to his or her own breakfast that can be set up in



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the efficiency kitchen in each apartment. Any personal care must be paid for and purchased privately. Short-term skilled care can be provided through Medicare reimbursement for covered conditions. An RN or LPN can be on site several hours daily.

- *Shared Housing:* Older adults can share their home, or share the home of another who may or may not be an older adult. Organizations and case managers that specialize in these arrangements match the two parties based on the needs of one individual and the abilities of a second individual to provide or meet those needs which are generally of a personal care or hygiene assistance. Meal preparation can be included.
- *Senior Communities:* Restricts entry to people who are at least 55 to 62 years old or over. Minimum age requirements vary with the community. Amenities, services, and activities associated with senior communities tend to be oriented toward an active lifestyle (e.g., golf, swimming, exercise rooms, and a variety of clubs and interest groups). Continuing care retirement communities (CCRC; see below) are typical of a senior community.
- *“Seniors Only” Apartments:* Living in this environment frees older adults from the burdens of private home maintenance. However, personal care services, rehabilitation and social activities are not provided. They must be privately secured by the tenant.
- *Mobile Home Communities:* Like “seniors only” apartments, these communities may have full-time residents or those who reside only part of the year (i.e., the “snowbirds” who



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come for 3 to 4 months). There is no automatic provision or requirement that health, personal, or social services are provided.

- *ECHO (Elder Cottage Housing Opportunity) Housing*: Also known as “accessory units” and “granny flats,” the older adult shares a single-family house or a separate apartment with another person or family. The home owner may be the older adult or the sharing party. There is no automatic provision or requirement that health, personal, or social services are provided to the older adult.
- *Continuing Care Retirement Communities (CCRCs)*: Targeted for active, “younger” seniors, CCRCs offer an independent lifestyle with some degree of personal, health care, rehabilitation, and skilled nursing services. Units can be owned or rented; meals are provided as are social and recreational services. At least 60 days of home care or nursing home care (on the same site) are generally provided but this varies with the type of coverage or contract.
- *Congregate Facilities/Housing*: These domiciles offer independent living in private or shared apartments; meals and some social activities are provided. Personal and health care services must be obtained privately.
- *Board & Care (B&C)/Residential Care (B&C)/Adult Care Facility/Adult Home*: Generally provided in a private home that has been converted to accommodate 4 to 8 older adults (two in a room), board-and-care homes purport to offer a homelike setting and service with some supervision. Personal care assistance can be extremely variable. Meals are provided; bathrooms are generally



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shared. Some states reimburse board-and-care providers under a Medicaid home and community-based waiver.

- *Assisted Living (AL)*: Also known as adult care facility in some states, residence in assisted living gives an older adult access to assistance with personal care, supervision of medications, congregate meals, light house-keeping, and laundry services, some social activities, transportation, and on-site personnel who are trained to monitor and manage unplanned adverse event. Rooms may be private or shared. Regulations vary widely across states with regard to the skilled nursing that can be provided in AL. Some assisted living facilities specialize in a residential setting for persons with Alzheimer's disease. Additional personal care support services can be purchased by the resident from a licensed home care agency. Medicaid reimbursement for the personal care component is available in a growing number of states. The availability of hospice care is a significant factor in a resident being able to "die in place" in the AL facility.
- *Nursing Home (NH)*: Eligibility and access to a nursing home is linked to the need for skilled nursing and rehabilitation. Nursing home services include short-term sub-acute care, special care units (e.g., Alzheimer's, ventilator-dependent), and long-term care for those individuals who cannot be maintained safely and appropriately through a combination of community-based (formal) and home (formal and informal) services. While Medicare can pay for a post-hospital skilled portion of the nursing home stay (up to 100 days per episode of care), Medicaid



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or private pay (including insurance) are the two major sources of reimbursement. Nursing home care includes 24-hour skilled nursing care and monitoring, medical care, therapeutic diet, social services, therapeutic recreation, hospice, and respite care.

### **3. Describe formal home care options and how these can meet the various and continuing care needs of older adults.**

- *Community-based home-care services* that could allow an older person to continue to live safely at home include meals-on-wheels, friendly visitor and shopping services, and adult day care. Medicare, Medicaid, and some private insurance contracts pay for some aspects of home care.
- *Home-care agencies that are Medicare certified (CHHA)* provide skilled nursing, medical equipment and supplies, home health aides, rehabilitation. A licensed home care services agency (LHCSA) provides home health aide service; limited license agencies (LtHCSA) provide home-care personal services to residents of Adult Care Facilities, like assisted living facilities.
- *Skilled home care* has become a “hospital without walls” (available to Medicare beneficiaries) and a “nursing home without walls” (e.g., the New York State Lombardi Program or Medicaid-covered home care benefit).
- *Medicare-covered home care* provides skilled nursing and rehab care to older adults whose care needs have been ordered and will be monitored by a physician. Eligibility for Medicare home care are older adults recovering after discharge from a hospital and very sick older





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adults who require long-term skilled or supervised home health care. A registered nurse must visit the care recipient at least once weekly; personal care services are provided four hours per day. Additional care needs must be paid for privately by the recipient.

- *Medicaid-covered home health* serves those older adults who qualify for nursing home admission but whose care needs can be met in the home by a combination of formal and informal (i.e., family caregiver) caregiving that meets but does not exceed 75% of the costs of nursing home stay, varying by region. Personal care services can be provided 24 hours a day.

#### **4. Describe specific eligibility criteria and care services provided with each living arrangement.**

- Access to and eligibility for each living arrangement is contingent on the personal, functional, and health-care needs of the individual and, if Medicaid or Medicare reimbursed, specific program criteria.
- With the exception of Medicaid and Medicare-reimbursed home care and nursing home care, there are no specific eligibility or access requirements in any of the living arrangements other than ability to pay.
- While data are lacking, there is anecdotal evidence that suggests that some adult care facilities and CCRCs might refuse access or entry based on severity of functional limitations or mental disability, particularly to those who pose a safety threat to the individual or others living in that setting.





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- Specific eligibility criteria that may be a barrier to access can be related to:
    1. ADL functionality and need for assistance or supervision.
    2. IADL functionality and need for assistance or supervision.
    3. Cognitive disability and need for supervision.
    4. Psychosocial needs.
    5. Medical needs, including subspecialty consultations.
    6. Therapeutic diet needs.
    7. Ability to pay.
    8. Informal or family support.
    9. Number of chronic diseases/medical syndromes (and prognosis for deterioration).
  - Core services provided:
    1. Professional nursing monitoring or supervision (of medications, health assessment, etc.).
    2. Personal care assistance.
    3. Social and recreational activities.
    4. Food service: menu diversity.
    5. Access to medical care; on site or with transportation provided (costs of transportation).
    6. Facility security, including risks within the environment.
- 5. Identify key elements associated with change in living arrangements for an older adult.**
- A living/housing preference that is congruent with or sensitive to the older adult's culture and/or religious background.



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- The individual's desire for independence relative to ability to be independent; understanding the risks, benefits and burdens (or losses) involved with various living arrangements.
- Family roles and responsibilities, including the ability of family members/significant others to visit the older adult in their new domicile and the older adult's expectations of family (informal) involvement and caregiving.
- Ability to maintain access to the older adult's preferred primary health-care provider and tertiary care institution.
- Options available if the "wrong" living arrangement was made.
- Financial ramifications.
- Medical and personal care needs.



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## **Case Study**

Ms. C is a 76-year-old female living in a rented apartment in New York City. Ms. C retired 17 years ago from nursing. She is relatively healthy, although she has mild hypertension and type 2 diabetes mellitus. Recently she developed a vascular ulcer on her right heel and has had some difficulty ambulating to the store. She is seen once a week in the vascular clinic in a nearby hospital (2 blocks away).

Her monthly income is \$860 from Social Security and \$200 a month pension income. Her medications cost \$150/a month and her rent is \$550/month. She has about \$35,000 in her bank account. Ms. C never married and her only family is an older sister who lives alone in Texas and cannot visit.

Ms. C is finding it increasingly difficult to manage in her current living arrangement. She has asked for help in considering an alternate living arrangement.



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### **Experiential Activities/ Clinical Experiences and Evaluation Strategies**

- A. Identify some alternate living arrangements that might be suitable for Ms. C.
  - 1. Identify some services that Ms. C might require in an alternate living arrangement.
  - 2. What might some of the factors for eligibility be for alternative living arrangements?
  - 3. Identify strengths and limitations of various living arrangements for Ms. C.
- B. Construct a “time plan” (i.e., a plan of approach) that would assist/guide elder (and/or family) in making a living arrangement change. The plan should include components of all the competencies and include aspects of each in planning the change.

Evaluate if the time plan identified critical markers (actions for client and/or family); time allotment appropriate for each living arrangement, substeps within each major step are considered.
- C. Identify two types of living arrangements available to older adults in the student’s community. Compare older adults in a SNF with older adults in the community regarding ADL, IADL, and cognitive functioning. Identify functional and psychosocial risk factors associated with each living arrangement. Develop a teaching plan



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## **Experiential Activities/ Clinical Experiences and Evaluation Strategies**

highlighting strategies to inform client (and family) about each living arrangement, including materials to be presented and timing of presentation.

Evaluate that each living arrangement was accurately and adequately described.

Evaluate teaching plan: Appropriateness of construction and implementation, including interdisciplinary collaboration, accountability, case/care manager involvement, available services (including staff education), older person's rights (and responsibilities) in each living arrangement.

- D. Construct a fact sheet that lists services across the continuum of living arrangements and indicate which specific services are provided in each location. Attempt to match the provided services with a client's needs/interests/preferences.

Evaluate the fact sheet and appropriateness of recommendations.



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## Resources

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### Associations

American Association of Homes & Services for the Aging  
[www.AAHSA.com](http://www.AAHSA.com)

American Association of Retired Persons  
[www.aarp.org/index.html](http://www.aarp.org/index.html)



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## Resources

American Health Care Association  
[www.ahca.org](http://www.ahca.org)

Assisted Living Federation

American Hospice Organization  
[www.aho.com](http://www.aho.com)

Elder Web  
[www.elderweb.com](http://www.elderweb.com)

National Hospice Organization  
[www.nho.org/](http://www.nho.org/)

National Association of Case Managers

National Association of Home Care

Assisted Living Facilities Association  
[www.alfa.org](http://www.alfa.org)





